	· • •	Application or Docket Number						l				
موتق	PATENT A	APPLICATION Effective	N FEE DI e Decemb	RD		9/		9//	7 🖈			
	١	SMA	LL EN	TITY	DR	OTHER						
FOR NUMBER FILED NUMBER EXTRA						RAT		FEE	Γ	PATE	FEE	
BASIC FEE					12.13			OR		690.00		
TOTAL CLAIMS 29 minus 20=					X\$ 9			OR	X\$18=	511		
INDEPENDENT CLAIMS 3 = "						X39	-		OR	X78=	7	(C)
MU	LTIPLE DEPEN	+130				+260=		BES!				
• If	the difference	TOTA			OR C	FOTAL	ו אונו					
CLAIMS AS AMENDED - PART II OTHER THAN											A.	
_	Rame of N. Garria	(Column 1) CLAIMS	Tracking in the	(Column 2)	(Column 3)	SMA	LL EN	TITY	PR_	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E TK	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	AVAILABL
	Total	.23	Minus	-23	=	X\$ 9	=		DR	X\$18=		
	Independent	NTATION OF M	Minus	3	=	Х39	<i>-</i>		OR	X78=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						=		DR.	+260=		COFY
R 3/2/doct							TAL EE		JR _	TOTAL DOIT, FEE		Ĭ
		(Column 1)	1_0 .	(Column 2)	Column 2)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E TK	DDI- ONAL EE	ſ	RATE	ADDI- TIONAL FEE	
	Total	. 23	Minus	23	=	X\$ 9	=		OR	X\$1B=	7	
	Independent	· 3	Minus	··· 3]=/	X39	-		OR	X78=	5	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+130		c)A	+260=		
	B-11-orf						EE)R A	TOTAL DDIT. FEE		
		(Column 1) CLAIMS	of a stand	(Column 2) HIGHEST	(Column 3)							
AMENDMENT C		REMAINING AFTER AMENOMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	E TIC	DDI- DNAL EE	. [RATE	ADDI- TIONAL FEE	
	Total	.23	Minus	-23	= /	X\$ 9	1		R	X\$18=		
	Independent	· 3	Minus	3	= /	X39=	:)A	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= OR +260=										1		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1.												

FORM PTO-475 (Rev. 12/99) Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									tion of Docket Nu	178
		CLAIMS AS	FILED	– PART I	SMALL I	ENTITY	OR	OTHER THAN SMALL ENTITY		
	FOR	NUMBE	NUMBER FILED NUMBER		R EXTRA	RATE FEE			RATE	FEE
	IC FEE CFR 1.16(a))						\$	OR	70.72	\$
	AL CLAIMS CFR 1.16(c))		minus 20) = .		x \$ =			x \$ =	
IND	EPENDENT CLAI	MS	minus 3					OR		
							OR	X \$=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
* If t	he difference in o	column 1 is less tha	an zero, ei	nter "0" in column	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED – PART II										
12	12-1-0 (Column 1) (Column 2) (Column 3)				SMALL E	NTITY	OR		R THAN ENTITY	
AMENDMENT R	D	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total (37 CFR 1.16(c))	. 8	Minus	" 23	3	x \$=		OR	x \$ =	
EN	Independent (37 CFR 1.16(b))	. 5	Minus	3	-	x \$ =		OR	x \$ =	
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =		OR	+s =	
	<u> </u>					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	(Column 1) (Column 2) (Column 3)								'	_
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
)ME	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=		OR	x \$ =	
EN	Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$ =		OR	x \$ =	
ΑĀ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ =		OR	+\$ =	
(Column 1) (Column 2) (Column 3)						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
									·	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
)ME	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=		OR	x \$ =	
AMENDMEN	Independent (37 CFR 1.16(b))	•	Minus	***	=	X \$=		OR	x \$ =	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =		OR	+ s =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". 										

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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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